

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved by
Budget Bureau No. 1004-011
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-32335
2. NAME OF OPERATOR McKay Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2014, Roswell, New Mexico 88202-2014		7. UNIT AGREEMENT NAME West Fork Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2480' FSL & 360' FEL		8. FARM OR LEASE NAME W. Fork Unit
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4371' GR		10. FIELD AND POOL OR WILDCAT Wildcat-Permian
O. C. D. ARTESIA, OFFICE		11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA Sec. 31, T4S, R22E
		12. COUNTY OR PARISH Chaves
		13. STATE N.M.

MAR 15 '89

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Proposed Re-Location <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Operator proposes to re-locate the proposed well location as listed above.
Original location: 1980' FSL & 660' FEL

Proposed re-location was due to original location falling within a flood plain.

New Access road will measure 14' wide by approximately 300' in length.

There will be approximately 250' of existing access road that will be upgraded to Federal requirements. (Enclosed topographic map displays these roads)



18. I hereby certify that the foregoing is true and correct.
SIGNED Henry W. Franklin TITLE Agent DATE 3/09/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:
Need approval from NMOC for a non-standard location.

*See Instructions on Reverse Side

PETER W. CHESTER
DATE
MAR 14 1989
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

All distances must be from the outer boundaries of the Section.

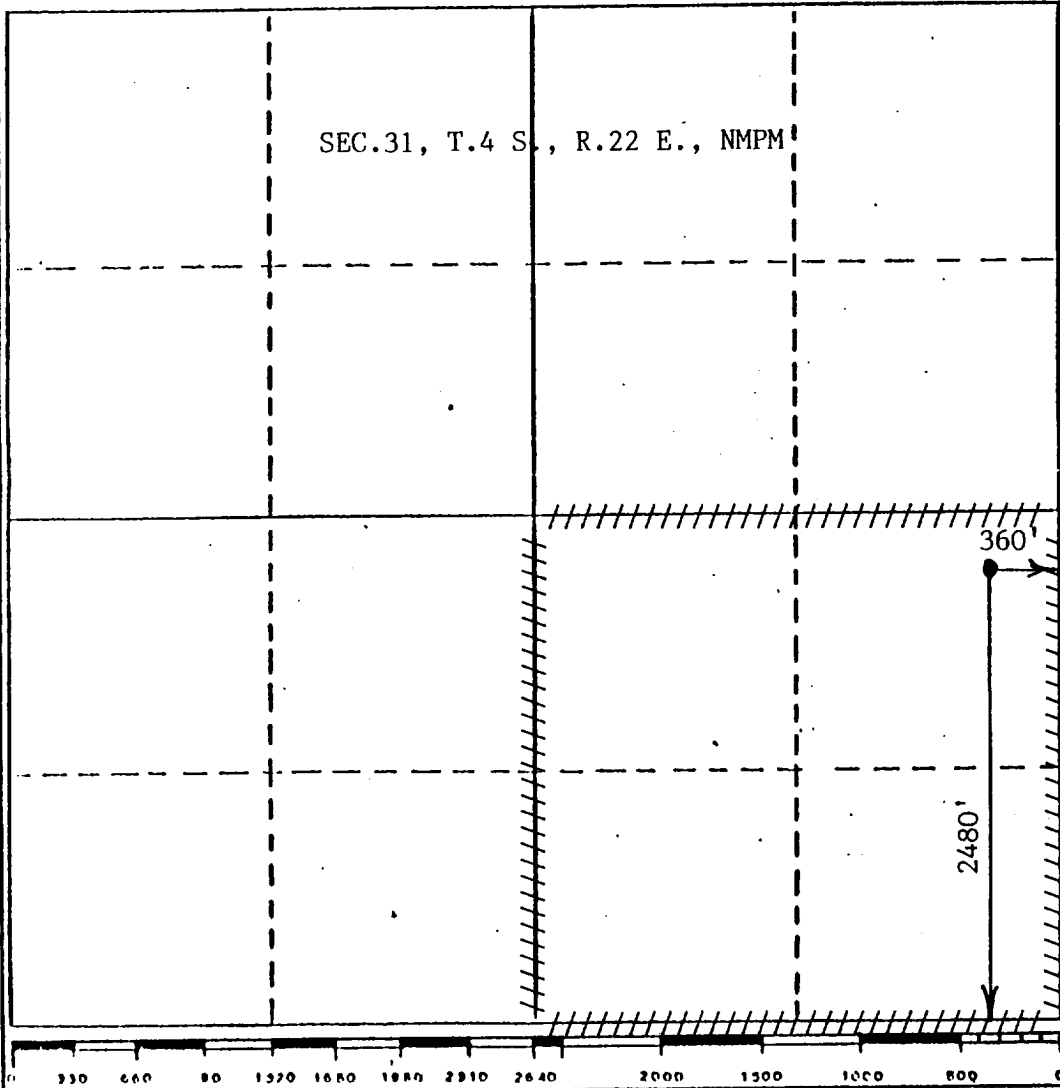
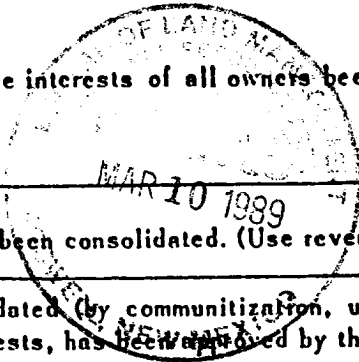
Operator McKAY OIL CORP.			Lease WESTFORK FEDERAL UNIT		Well No. #4
Unit Letter I	Section 31	Township 4 SOUTH	Range 22 EAST	County CHAVES	
Actual Footage Location of Well: 2480 feet from the SOUTH line and 360 feet from the EAST line					
Ground Level Elev. 4371	Producing Formation PreCambrian		Pool Wildcat	Dedicated Acreage 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Terry W. Franklin
Position
Agent
Company
McKay Oil Corporation
Date
3/09/89

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

JOHN D. JAQUES
Date Surveyed
FEBRUARY 18, 1989
Registered Professional Engineer
and/or Land Surveyor
John D. Jaques, P.E. & L.S.
Certificate No. 6290

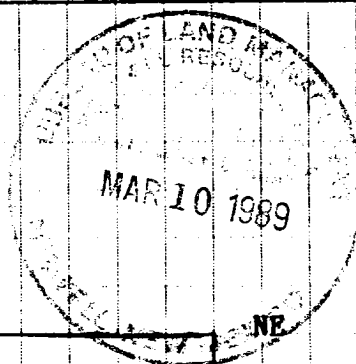
JOHN D. GUESS
CONSULTING ENGINEERS
P.O. Box 2565
ROSWELL, NEW MEXICO 88201
(505) 622-8866

GRID ELEVATIONS

JOB _____
SHEET NO. _____ OF _____
CALCULATED BY _____ DATE _____
CHECKED BY _____ DATE _____
SCALE _____

McKAY OIL CORP.

WESTFORK FED. #4
2480 FSL 360 FEL
SEC. 31, T.4 S., R. 22 E.
CHAVES COUNTY, NEW MEXICO



NW

400'

4370

4369

400'

4371

400'

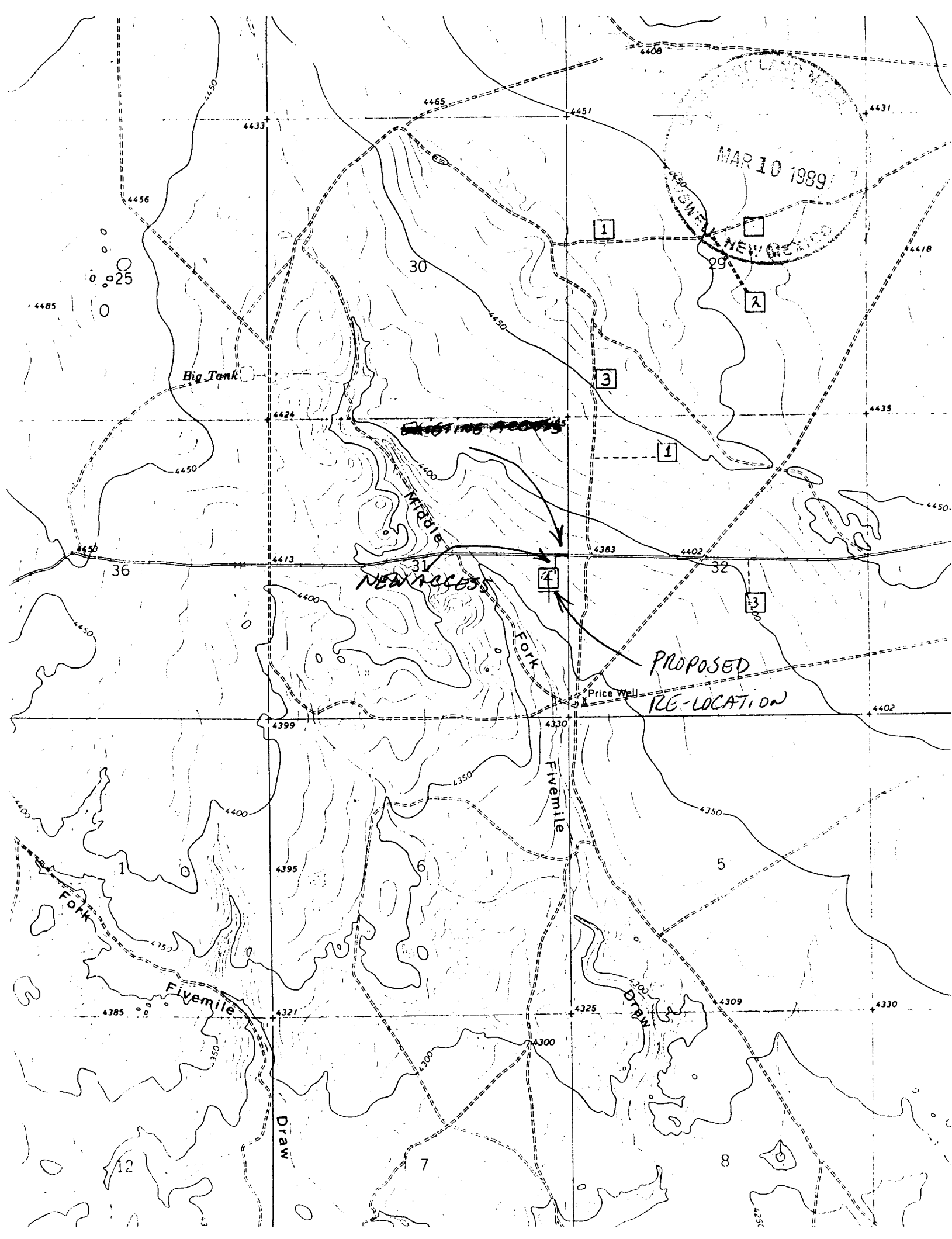
SW

4362

400'

4366

SE



MAR 10 1989

NEW ORLEANS

Big Tank

30

29

2

1

3

1

36

NEW ACCESS

4

32

3

PROPOSED
RE-LOCATION

Price Well

Fivemile

5

1

6

Fork

Fivemile

Draw

DTBN

12

7

8